

PTO/SB/08A/B (09-06)
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Substitute for form 1449/PTO				Complete if Known		
				Application Number	10/533,878-Conf. #9660	
INF	ORMATIO	N DI	SCLOSURE	Filing Date	November 21, 2005	
STA	ATEMENT	BY A	APPLICANT	First Named Inventor	Hiroshi TAKAHASHI	
				Art Unit	1642	
	(Use as many s	neets a	s necessary)	Examiner Name	L. B. Goddard	
neet	1	of	2	Attorney Docket Number	0760-0346PUS1	

U.S. PATENT DOCUMENTS						
Examiner	Cite Document Number		Publication Date	Name of Patentee or	Pages, Columns, Lines, Where	
Initials*	No.1	Number-Kind Code ² (if known)	MM-DD-YYYY	Applicant of Cited Document	Relevant Passages or Relevant Figures Appear	
	AA*		12-28-1999	Bodey		
				Schmitz et al.		
	AC*	US-20020009759-A1	01-24-2002	Terstappen et al.		

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Examiner Initials*	Cite	Foreign Patent Occurrent	Publication	Name of Patentee or	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear	
	No.1	Country Code ³ -Number ⁴ -Kind Code ⁵ (if known)	Date MM-DD-YYYY	Applicant of Cited Occument		T ⁶
	BA	WO-95/24648-A1	09-14-1995	FODSTAD et al.		
	ВВ	WO-93/06117-A1	04-01-1993	The General Hosp. Corp.		1
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EXAMINER: Initial inelerance considered, whether or not classon is in conformance with MPEP 809. Draw line through citation if not in conformance controlled include copy of this form with next communication to applicant. "Of IER NOT. Those application(s) which are manded with an single esteraist," I next to be class the series may applicate one set the date from all 20,000 or is evaluable in the IPM. "Applicant is to be class the series of the set of the series of the IPM." Applicant is the Control of the IPM. "Applicant is the control of the IPM." Applicant is a control of the IPM." Applicant is to place on check merk here if English language Trensistion is attached.

		NON PATENT LITERATURE DOCUM			_		
Examiner Initials	Cite No.1	magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, c and/or country where published.					
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xaminer		/Laura B. Goddard/	Date		=		

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	MT BY	TION DISCLOSURE ENT BY APPLICANT many sheets as necessary)	Application Number Applicant Number Fing Date First Named Inventor An Unit Examiner Name	

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*EXAMINER: Initial if raference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

¹Applicant's unique citation designation number (optional). ²Applicant is to place a check mark here if English languaga Translation is attached.

Examiner	/Laura B. Goddard/	Date	05/06/2008
Signature	/Laura D. Goodard/	Considered	05/00/2000